

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90293 037 ***150.00

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DOCUMENT # P98000003209

1. Entity Name
**SERVICE SPECIALIST AIR CONDITIONING AND APPLIANC
E INC.**



Principal Place of Business
**505 CORTEZ LANE
DELRAY BEACH FL 33445**

Mailing Address
**505 CORTEZ LANE
DELRAY BEACH FL 33445**

2. Principal Place of Business

13751 46th COURT NORTH

Suite, Apt. #, etc.

3. Mailing Address

13751 46th COURT NORTH

Suite, Apt. #, etc.

City & State

Royal Palm Beach Florida

City & State

Royal Palm Beach Florida

4. FEI Number

65-0805211

Applied For

Not Applicable

Zip
33411

Country
Palm BEACH

Zip
33411

Country
Palm BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GINOCCHIO, FRANK F
505 CORTEZ LANE
DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name
GINOCCHIO FRANK F.
Street Address (P.O. Box Number is Not Acceptable)
13751 46th COURT NORTH
City & State
Royal Palm BEACH FL 33411

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Frank F. Ginocchio FRANK F. GINOCCHIO President 4/26/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GINOCCHIO, FRANK F 505 CORTEZ LANE DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President FRANK F. GINOCCHIO 13751 46th Court North Royal Palm BEACH, Florida 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frank F. Ginocchio FRANK F. GINOCCHIO President 4/26/03 561-732-2257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)